

Sub-grant Application Cover Sheet

RFA # G-DPA-05-04

Virginia Department of Social Services ▪ 7 North Eighth Street ▪ Richmond, Virginia 23219

Applicant: _____

Fiscal Agent: _____

Organization: _____ Title: _____

Address: _____

City _____ State _____ Zip _____

Email: _____ FAX: _____

Fiscal Agent Federal ID Number: _____

Program Manager: _____

Organization: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ FAX: _____

Jurisdiction(s) Served by Proposed Activities: _____

Steering Committee Members: Please list on attached sheet.

Project Budget Summary		
Amount of VDSS Funds Requested	Required Match Amount*	Grand Total
\$	\$	\$

*If applicant chooses to make an appeal for a reduced match amount (less than 50%), the appeal must be made in the form of a narrative and submitted as an addendum to the sub-grant proposal.

Required Signatures

Program Manager

Date

Fiscal Agent

Date

Steering Committee Members (This sheet may be duplicated for additional entries):

Name _____ **Title** _____

Organization _____ Phone _____

Organization Type: _____

Name _____ **Title** _____

Organization _____ Phone _____

Organization Type: _____

Name _____ **Title** _____

Organization _____ Phone _____

Organization Type: _____

Name _____ **Title** _____

Organization _____ Phone _____

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